

<i>Filed</i> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09479311</i>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/					51			
2		/					52			
3		/					53			
4			/				54			
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46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			/				TOTAL IND.			
TOTAL DEP.				/			TOTAL DEP.			
TOTAL CLAIMS					/		TOTAL CLAIMS			